

## **Exhibit J**

### **Motor Vehicle Crash Report**

Commonwealth of Massachusetts															
Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report									
01/04/2002	14:19:00 24HR	BEDFORD		Number Vehicle	Number Injured	Speed Limit	25	State Police							
				0	1	Latitude	0.00	Local Police							
						Longitude	0.00	MBTA Police							
								Other							
AT INTERSECTION:						NOT AT INTERSECTION:									
1 1	Route	Direction	Name of Roadway/Street At			Route	Direction	Address#	Name of Roadway/street						
2 1	Route	Direction	Name of Intersecting Roadway/street Also at Intersection with			74	Feet	E	of	Route	Intersecting Roadway/street				
3 1	Route	Direction	Name of Intersecting Roadway/street						Landmark						
4 1	Please check the following:			<input checked="" type="checkbox"/> Vehicle 1	# Occupants	<input type="checkbox"/> Non-Motorist A	Type	Action	Location	Condition	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped			
5 2	License #			03BN177221	St	NH	Age/DOB	25 - 3/22/77	Reg #	S3377	Reg Typ	MC	Reg Stat	NJ	
6 1	Sex	M	Lic. Class	CDL	Lic. Restrictions	CDL Lic.	N	Veh Year	2001	Veh Make	Kawasaki	Veh Config			
7 1	Operator	BROWN, IAN J			Address	103 SPIT BROOK ROAD, Apt# B1			Owner	Same					
8 1	City	NASHUA	State	NH	Zip	03062	Address		City		State		Zip		
9 1	Insurance Compan		Vehicle Action Prior to Crash		Damaged Area Code: (Circle Up to Three)										
10 2	Vehicle Travel Direction:	E	Responding to Emergency	N	Event Sequence										
11 1	Cited?	N	Citation #		Most Harmful Event										
12 7	Violation 1: CH	.....	Sec	Violation 2: CH	.....	Sec		Driver Contributing Code							
13 1	Violation 3: CH	.....	Sec	Violation 4: CH	.....	Sec		Underdrive/Override							
14 1	Please fill out for operator/non-motorist and all occupants involved														
15 1	Name (last First Middle)	Address			Age/DOB	Sex	26	27	28	29	30	31	32	33	Medical Facility
16 1	Operator/Non-Motorist	See Above					5	6	7	8	9	10	11	12	Beth Israel Hospital
17 1	Please check the following:			<input checked="" type="checkbox"/> Vehicle 2	# Occupants	<input type="checkbox"/> Non-Motorist B	Type	Action	Location	Condition	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped			
18 1	License #				St	Age/DOB		Reg #		Reg Typ		Reg Stat			
19 1	Sex		Lic. Class		Lic. Restrictions			Veh Year		Veh Make		Veh Config			
20 1	Operator		Address		Address			Owner							
21 1	City		State		Zip			City		State		Zip			
22 1	Insurance Compan		Vehicle Action Prior to Crash		Damaged Area Code: (Circle Up to Three)										
23 1	Vehicle Travel Direction:		Responding to Emergency		Event Sequence										
24 1	Cited?		Citation #		Most Harmful Event										
25 1	Violation 1: CH	.....	Sec	Violation 2: CH	.....	Sec		Driver Contributing Code							
26 1	Violation 3: CH	.....	Sec	Violation 4: CH	.....	Sec		Underdrive/Override							
27 1	Please fill out for operator/non-motorist and all occupants involved														
28 1	Name (last First Middle)	Address			Age/DOB	Sex	26	27	28	29	30	31	32	33	Medical Facility
29 1	Operator/Non-Motorist	See Above													

## Crash Diagram

		If Crash DID NOT Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
① FIRST 3 FT - 94 FT TO 2 (operator) ② 2 TO BIKE REST 8 9 FT FROM 2 ③ Tel Pole # 37 - 9 FT FROM 2 (operator)		6 9 FT

## Crash Narrative

See Addendum

## Witnesses

Name(Last, First, Middle)	Address	Phone	Statement

## Property Damage

Owner (Last, First, Middle)	Address	Phone	Description of Damaged Property

## Truck and Bus Information

Registration _____	(From Vehicle Section)			
Carrier Name _____	Carrier Leasing Authority Code _____			
Address _____	City _____			
St _____	Zip _____			
U.S. DOT # _____	State Number _____	Issuing State _____	ICU # _____	Insurance _____
Cargo Body Type Code _____	Gross Vehicle Weight _____			
Trailer Reg# _____	Reg Type _____	Reg State _____	Reg Year _____	Trailer Length _____
Hazard Information				
Placard _____	Material 1 digit # _____	Material Name _____	Material 4 digit # _____	Release code _____

Tracy Cook

Tracy Cook

TCI Bedford

01-04-02

Police Officer Name (Please Print)

Signature

ID Number / Name

Finger Print Bar Codes

Date

COPA 11-23-00

## Motor Vehicle Crash

## Police Report

Vehicles - Operator / non-motorist / all occupants involved: (contd)

## Vehicle No. 1

Name (last First Middle	Address	Involvement Type	Age/DOB	Sex	Do Died	Cr ash Station	Cr ash Block	Cr ash Street	Cr ash Post Code	Cr ash City	Cr ash State	Cr ash Tele Code	Medical Facility
BROWN, IAN J	103 SPIT BROOK ROAD Appt#: B1 NASHUA NH	Operator	25 03/22/77	M	1	5	5	99	1	2	2	2	Beth Israel Hospital

Narrative by: Conk, Tracey

## Seq. No: Date &amp; Time:

1 1/4/2002 4:39:00PM

Upon arrival, the operator was lying supine with his legs facing east on Hartwell Road. The operator had no idea what happened but complaining of a lot of pain in his chest area. The operator was air lifted to Beth Israel Hospital in Boston by Med Flight.

It appears that the rider skidded on the dirt shoulder on the right hand side. The distance from the start of the skid to where the operator was found on the street was 74 ft. Pole #37 was approximately 9 ft to right of the operator on the street. The bike was 89 ft east of the operator, heading down the hill.

From examining the helmet it's possible the operator hit pole #37 then rolled onto the street.